

MacPeds Social Pediatrics Rotation

RESIDENT HANDBOOK



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Introduction

Welcome to your Social Pediatrics rotation! We hope that this will be an interesting and fruitful addition to your learning during your PGY2 year, and a unique opportunity to get to know the Hamilton community where you have/will be practicing for the next few years.

We are enthusiastic about this new initiative – it was designed by one of our former McMaster pediatric residency graduates, Dr. Kristy Parker, and was in development for over a year before its official launch in July 2013.

We hope that you will be inspired and develop skills throughout this rotation to continue to be involved in your community as well as pursue advocacy opportunities at the patient and family, community, and possibly policy/government levels throughout your residency and career.

This rotation will likely differ substantially from your other rotations: in its diversity of experiences but also in its self-guided nature of learning – organization and planning ahead (starting with contacting your supervisor at least 1 week before you start!) will help you optimize your learning and opportunities!

We welcome your feedback on this new rotation throughout your experience – please discuss your suggestions with your rotation supervisor, with your Educational Resource Persons (Drs. Andrea Hunter, Ania Van Meer) and in your end-of-rotation evaluation form.

Enjoy your rotation!

Andrea Hunter, Social Pediatrics faculty ERP
Ania Van Meer, Resident ERP
Heather Bhan, Social pediatrics faculty/rotation supervisor
Elisabeth Cansius, Social pediatrics faculty/rotation supervisor
Anne Niec, Social pediatrics faculty/rotation supervisor
Sandi Seigel, Social pediatrics faculty/rotation supervisor
Gita Wahi, Social pediatrics faculty/rotation supervisor

Social Pediatrics Rotation

Education Resources

Faculty Coordinator:	Dr. Andrea Hunter (hunteaj@mcmaster.ca)
Other supervising faculty:	Dr. Elisabeth Canisius (elisapie@yahoo.com) Dr. Sandi Seigel (seigels@mcmaster.ca) Dr. Anne Niec (nieca@mcmaster.ca) Dr. Gita Wahi (wahig@mcmaster.ca) Dr. Heather Bhan (heather.bhan@medportal.ca)
Resident Resources:	Dr. Ania Van Meer (ania.vanmeer@medportal.ca)
Designed/initiated by:	Dr. Kristy Parker (kristyaparker@gmail.com)
Administrative Assistant:	Sandy Murray (samurra@mcmaster.ca) (905)521-2100 ext. 21882

Description

The Royal College of Canada outlines that physicians should function as Health Advocates, and should “responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations” (CanMeds Framework 2005).

The focus of this rotation is the integration of the pediatric resident into the Hamilton community in order to gain a better appreciation of the environment in which their patients live, learn and grow. Understanding the social determinants of health in the community (poverty, unemployment, food insecurity, early child development, health services, etc.) underscores the ability of residents to effectively provide recommendations and treatment to patients.

This four-week rotation will provide practical exposure to some of Hamilton’s population at risk and we encourage residents to focus their clinical encounters on experiences that reflect their unique interests. This may include time spent with child protective agencies, the juvenile detention system, refugee and immigrant health clinics, homeless shelters, youth resource groups, food banks, public health clinics, mental health services, and more.

Intended Learning Outcomes

- Develop a richer understanding of social determinants of health, which affect children through clinical and community encounters, required readings, and scholarly writing assignments.
- Learn about formal routes for child advocacy and develop the written and oral communication skills necessary to advocate for individual patients as well as the rights of children in their community, province, country, and worldwide.
- Enhance the resident's awareness of services and programs provided by community organizations and develop a clearer understanding of which patients would benefit from each service.
- Critically examine literature by exploring links between poverty and poor health in children and relate this to their own experiences working with populations at risk (immigrant, aboriginal, low-income, developing world, etc).
- Examine how one's own cultural & ethical biases affect patient care by reading one of the selected books (ie. *The Spirit Catches You and You Fall Down*, *The Glass Castle*, *Lullabies for Little Criminals*, *In the Realm of Hungry Ghosts*, *Kiss of the Fur Queen*, *The Inconvenient Indian* or approved equivalent) and consider how these biases affect their clinical practice.

Rotation Format

- Orientation will take place for all PGY2s during AHD at the beginning of the academic year.
- Individual orientation with assigned faculty supervisor within 2 days of starting rotation for reviewing their schedule, assignments, pre-rotation quiz and survey, learning contract, and discuss expectations and anticipated challenges. Residents are responsible for arranging this time/location with their supervisor at least 1 week ahead.
- Minimum of 15 half-day community/clinical placement sessions for a 4 week rotation or 13 half-day community/clinical placements for 3 week rotation, with completion of required readings. Residents are encouraged to include as many placements as possible to enrich their experience during this rotation.
- Residents are to be in touch with their supervisor half-way through the rotation and then face to face at the end of the rotation.
- At the final meeting residents will review their community placements, readings, assignments, and complete a post-rotation quiz and survey.

Assessment/ Evaluation

To successfully complete this rotation, residents will need to complete the following:

1. **2-3 page reflection** on cultural and ethical biases, relating personal experiences to one of the required texts:
 - *The Spirit Catches You and You Fall Down* (Anne Fadiman)
 - This book explores the dynamic between a small Californian hospital and a refugee family from Laos over the care of a child diagnosed with severe epilepsy
 - *The Glass Castle* (Jeannette Walls)
 - This book is the author's memoir of growing up in poverty with a "deeply dysfunctional and uniquely vibrant" family in America
 - *Lullabies for Little Criminals* (Heather O'Neill)
 - This book describes the struggles for survival of a street-involved youth, which includes a dysfunctional family, prostitution and addiction.
 - *In the Realm of Hungry Ghosts: Close Encounters with Addiction* (Gabor Mate)
 - This book combines first-person accounts, case studies, and research to discuss the impact of all kinds of addiction in human society
 - *Kiss of the Fur Queen* by Tomson Highway
 - This book follows the journey of two Cree brothers taken from their families to a residential school
 - *The Inconvenient Indian* by Thomas King
 - This book explores the relationship between Natives and non-Natives since the fifteenth century and examines the way that popular culture has shaped our notion of indigenous identity and his relationship with activism.
 - *The Education of Augie Merasty: A Residential School Memoir* by Joseph Auguste (Augie) Merasty, David Carpenter
 - This book focuses on years that Augie spent in residential school, but describes his life course through letters, including homelessness, substance use and challenges of life in northern prairies. More detail from Globe & Mail review: <http://www.theglobeandmail.com/arts/books-and-media/residential-school-survivors-memoir-details-decade-of-utter-cruelty/article23556082/>

In this assignment, residents are challenged to re-examine some of the biases that play a role in their clinical practice. Often, healthcare providers enter medicine with a set of strong idealistic values and morals, however these become less prominent as they progress through their medical training. In order to question and re-

evaluate how these biases affect our clinical practice, providers first must be able to identify which values affect their daily work. These texts provide examples of how vulnerable patients are easily marginalized in the hospital setting. Ideally, the resident will give some insight into their personal biases and be able to reflect on whether these affect their ability to advocate for specific groups of patients.

2. **2-3 page reflection** on the question: *'Why or how does poverty make people sick?'* (see detailed description), incorporating practical experiences and material from sources on the required reading list and other references (minimum 2 references).

Poverty is widespread in Canada, and will be encountered by every pediatrician. Poverty affects every component of a child's life, from whether they experience food insecurity or have less developmental stimulation because of long parental work hours. It is important that we recognize the patients and families who live in poverty and advocate for early appropriate resources for these patients. It is hoped that in researching and writing this reflection, residents will re-evaluate which patients should be considered to be at-risk in their practice and will be able to relate this theoretical knowledge to patients they meet during the rotation.

3. **The completion of an advocacy project**, which addresses the needs of a population at risk.

Instead of focusing advocacy efforts to benefit single patients, residents will develop practical skills to advocate for pediatric patients at the municipal, provincial, national and/or international level. At minimum, this may include a letter to the editor or article for a local newspaper, a public education campaign, or a letter to a government agency. Many residents are interested in initiating a much more complex/in-depth advocacy project during this rotation – this is encouraged, and certainly completion would not be necessary within 4 weeks but evidence of substantive initiation steps and a commitment/plan for continued involvement.

4. **Complete 15 half-day community or clinical placements during** your 4 week rotation (13 if doing a 3 week rotation due to vacation/PL time).
 - **Keep a short journal** chronicling community placements, including feedback and at least 3 insights/learning points for each
 - **Ensure clinical/community supervisors complete an evaluation form** for each placement (see placement descriptions for forms)
 - **Senior Resident clinic** will not count as one of these half-day placements but is expected to continue as scheduled
5. **Complete at least one miniMAS** during rotation (can be conducted by any relevant clinician/community program supervisor)
6. Complete **pre-rotation written test**, and obtain satisfactory result on **post-rotation written test** (to be done with faculty supervisor)

7. Complete **pre-rotation and post-rotation written survey** on advocacy experience.
8. Participate in one developmental/social pediatrics combined **tutorial**.
Typically held Fridays 10:30am (you are encouraged to attend Brain Hour 9:30-10:30am on the same day!)
Contact person for confirmation: Louise Chalupka
lchalup@mcmaster.ca, (905) 521-2100 x73508
9. Complete at least **ONE** of these three online modules – all will require you to ‘register’ with the associated website and click through a number of screens to find the actual eCME module:
 - **Canadian Medical Association** mini module on ‘Introduction to Effective Advocacy’ found at: <https://www.cma.ca/En/Pages/cma-mini-modules.aspx> *You will need your CMA membership number to complete this.*
 - **Caring for Kids New to Canada eCME module** through either AdvancingIn <http://www.advancingin.com/p-caring-for-kids.aspx> or via <http://www.kidsnewtocanada.ca/beyond> (click on eCME link)
 - **Indigenous Child & Youth Health in Canada** e-module (by Canadian Pediatric Society, in association with Memorial University)
<https://www.mdcme.ca/courseinfo.asp?id=146>
10. **Attend all McMaster Pediatric Grand Rounds AND Tuesday Resident Teaching** either live or in archived format online – may choose topics that are most relevant to social peds from online archive, if not attending in person. Ensure evaluation submitted online for attendance purposes and feedback.
11. Residents are highly encouraged to attend the following rounds (only if they do not conflict with assigned community placements):
 - **Division of General Pediatrics Rounds** (Mondays 8-9am, 4E20)
 - **Chedoke Rounds** (Mondays 12-1pm, Chedoke Ewart Auditorium) - http://fhs.mcmaster.ca/pediatrics/chedoke_grand_rounds_objectives.html
 - **Developmental Pediatrics Learner Session**
(Tuesday 2:45-3:30pm, 1st Tues of month 3A2, other Tues 3A14 – Patti Bochek-Peters x77212)
 - **Developmental Pediatrics Academic Hour**
(Tuesday 3:30-4:30, 1st Tues of month 3A2, other Tues 3A14 – Patti Bochek-Peters x77212)- http://fhs.mcmaster.ca/pediatrics/dev_peds_rounds.html
 - **Brain Hour** (Fridays 9:30-10:30am, 3A14 – Katherine Floresco x75393)
http://fhs.mcmaster.ca/pediatrics/neurology_rounds.html
 - **Psychiatry Rounds** (Wednesdays 9-10am, Amphitheatre, SJH, T2203 St Joseph’s)
http://fhs.mcmaster.ca/psychiatryneuroscience/education_grand_rounds.html
12. **Provide feedback and any changes necessary to handbook** including suggested changes/additions to rotation, placement contact names and numbers, and appropriate referral information.

Expectation of Residents

The pediatric resident, during their social pediatrics rotation, is expected to:

- Read the entire social pediatrics rotation handbook ahead of their rotation
- Contact their rotation supervisor (schedule available on macpeds.com/SocialPediatrics.html or via introductory email from Sandy Murray) **at least 1 week prior to rotation start** to arrange initial orientation meeting (for completion of pre-rotation test and survey, and learning contract/objectives discussion)
- Confirm any community placement with contact person by phone or email 1-2 days ahead of each individual placement, if not already done by Sandy Murray
- Complete minimum of 15 half-day community placements for a 4 week rotation or 13 placements for a 3 week rotation, required readings (<http://www.macpeds.com/SocialPediatrics.html>), and assignments outlined in evaluation section (page 6-7).
- The resident must complete a minimum of 75% (3 weeks) of the rotation. Vacation, PL day, lieu days will be granted via Medportal by the faculty ERP (Dr. Hunter). The resident must notify Sandy Murray and the faculty ERP (Dr. Hunter) for any time away prior to the start of the rotation.
- Should any scheduled placements be cancelled by the community agency/supervisor, resident should:
 - attempt to reschedule this themselves within their rotation block,
 - seek out alternative experiences to supplement this missed experience (see list of supplemental opportunities)
 - if neither of the above are possible, contact Sandy Murray and/or rotation supervisor for suggestions/assistance
- Most residents found that they had much more optimal experience from many community placements on their second or third visit. If you are taking any time away from this 4 week rotation, we suggest that you attempt to reschedule alternative experiences with this in mind.
- Attend all assigned community placements and mandatory teaching rounds and keep a journal of these including learning insights and evaluation component
- Be punctual and prepared for all community placements, including completed pre-reading, and remain engaged throughout experience

- Be professional, and culturally sensitive throughout all of the community placements/experiences
- Be in contact with their rotation supervisor at mid-rotation (by phone or in person) to discuss their progress to date on reflections/advocacy project, learning insights, any issues that have arisen with community placements, or perceived challenges
- Meet with their rotation supervisor on the final day of rotation (or other mutually agreed upon time within 1 week) to discuss their experiences, hand in their two reflections, evidence of their advocacy project, mini MAS and community placement journal. The resident will also complete their end-of-rotation written test and survey at this time.

Expectations of Faculty/Staff

The faculty member supervising a pediatric resident during their social pediatrics rotation is expected to:

- Arrange a mutually convenient time, ideally on first day of rotation, to meet with resident to:
 - orient resident to principles of social pediatrics, goals of rotation
 - discuss objectives/expectations, sign learning contract
 - review expectations of advocacy project/reflections
 - complete pre-rotation written test (do not review answers at this time!)
 - complete pre-rotation survey on advocacy and use as guide for discussion for advocacy project, experiences for the rotation
 - review schedule for upcoming 4 weeks of rotation
 - resident must complete 15 half-days for 4 week rotation or 13 half-days for 3 week rotation (ie vacation, PL day, lieu day)
 - all vacation etc. requests must be granted through medportal
 - set date/time of mid-rotation check in (phone or in person)
 - set date/time for end-of-rotation meeting
- Be available to assist resident in challenges that arise throughout rotation, or suggest alternative experiences should cancellations occur, and resident is unable to find alternatives through initial steps.
- Meet (by phone or in person) with the resident at mid-rotation to review progress to date on reflections/advocacy project, readings, mini CEX, overall learning experience, any issues that have arisen with community placements, or perceived challenges
- Meet with their resident on the final day of rotation (or other mutually agreed upon time within 1 week) to discuss their experiences and collect the following: 2 reflections; evidence of their advocacy project; mini CEX; community placement journal and evaluations
 - The resident will also complete their end-of-rotation written test and survey at this time. Please review answers with the resident and use their post-rotation survey to guide discussions on further advocacy involvement.
 - Review resident reflections and advocacy project, as well as community placement journal. Complete ITER on WebEval with input from all available sources – this should be completed within 2 weeks of final meeting with resident.
- Submit all paperwork once reviewed and completed to Sandy Murray for the resident file

Full In-Training Evaluation Report (ITER):

Available on WebEval which will include:

- Professionalism including attendance at all placements
- Completion/submission of reflections, advocacy project and tutorial attendance
- Completion of pre/post test with supervisor
- Appropriate meetings with faculty supervisor
- Selected CanMEDS objectives throughout entire rotation/placements
- Transcription of specific placement 'encounter card' content (ie. number of intake assessments, clinics attended as completed by each placement supervisor)

Royal College Objectives Applicable to this Rotation

Medical Expert

Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Pediatrics

ADOLESCENT

- Understand the role of adolescent in society: the influencing factors, heterogeneity, and subcultures
- Understand the laws and resources relevant to adolescence
- Understand common adolescent behavioural problems: risk taking, delinquency, alcohol, drug, tobacco and other substance use and abuse
- Be familiar with teenage pregnancy issues, contraception, sexually transmitted infections
- Understand the role sexuality plays in adolescent development: male / female issues, sexual orientation

DEVELOPMENTAL

- Understand the biological and psychosocial factors affecting development and behavior

INFECTIOUS DISEASE

- Learn about risk factors, treatment and surveillance for HIV Infection
- Understand the infectious issues relating to travel and immigration

NEONATAL – PERINATAL MEDICINE

- Learn about monitoring and management of neonatal drug withdrawal
- Be familiar with the environmental factors involved in fetal development

NUTRITION

- Understand the health implications of restricted diets, fad diets, diets determined by custom or socioeconomic situation

OTOLARYNGOLOGY

- Learn about dental caries and dental trauma

MENTAL HEALTH

- Learn about the availability of and access to community-based mental health resources
- Understand the biological, psychosocial and socioeconomic factors affecting mental health
- Understand the impact on child well-being of having a parent with mental illness or substance abuse

- Learn about risk factors for violence and the impact of violence on health

CHILD MALTREATMENT AND NEGLECT

- Know the social factors placing children at risk of maltreatment
- Understand the health problems consequent to maltreatment/neglect
- Be familiar with the laws relating to child protection
- Know the professional requirements in managing victims of maltreatment/neglect including mandatory reporting
- Be familiar with children in care (eg. Foster care, group homes, incarceration) and their specific health concerns
- Demonstrating appropriate and timely application of relevant preventive and therapeutic interventions

SKILLS – ADOLESCENT

- Be confident in the gynecological, genitourinary and pelvic examination and specimen procurement
- Be able to assess adolescents using HEEADSS format (Home, Education, Eating, Activity, Drugs, Sexuality, Suicide)

SKILLS - NUTRITION

- Counseling for healthy active living (healthy eating and physical activity)

Communicator

- Develop rapport, trust, and ethical therapeutic relationships
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy for patients and their families
- Be aware and responsive to nonverbal cues
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- Give close attention to the impact of such factors as age, gender, disability, ethnocultural background, social support, and emotional influences on a patient's illness
- Demonstrate open-mindedness to the consideration of alternative health care practices
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Respect diversity and difference, including but not limited to the impact of age, gender, abilities, religion, language and cultural beliefs on decision-making and effective communication (e.g. aboriginal children, immigrant children)
- Encourage discussion, questions, and interaction in the encounter

Collaborator

- Participate effectively and appropriately in an interprofessional team
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
- Collaborate with teachers, social workers, community leaders, child protection workers and other non-health professionals to assess, plan, provide and review health interventions

Manager

- Recognize the importance of just and ethical allocation of health care resources, balancing effectiveness, efficiency and access with optimal patient care

Health Advocate

- Identify and respond to individual patient health needs and issues as part of patient care
- Identify opportunities for advocacy, health promotion and disease prevention
- Respond to the health needs of the communities that they serve
- Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
- Appreciate the possibility of competing interests between the communities served and other populations
- Identify the determinants of health for the populations that they serve
- Identify the determinants of health of children; including barriers to access to care and resources
- Identify vulnerable or marginalized populations within those served and respond appropriately (e.g. homeless, and children living in poverty)
- Demonstrate an appreciation that the health care needs of children are distinct from those of adults
- Promote the health of individual patients, families, communities, and populations
- Describe an approach to implementing a change in a determinant of health of children
- Describe how public policy impacts on child health
- Identify points of influence in the health care system and its structure
- Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
- Appreciate the possibility of conflict inherent in their role as a health advocate

- for a patient or community with that of manager or gatekeeper
- Describe the role of the medical profession in advocating collectively for health and patient safety

Scholar

- Evaluate medical information and its sources critically, and apply this appropriately to practice decisions
- Apply the principles of critical appraisal to address a clinical question

Professional

- Demonstrate a commitment to their patients, profession, and society through ethical practice through reliability, responsibility and contentionsness
- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
- Demonstrate self awareness and pursuit of self-improvement

General Monthly Calendar

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	N/A	8-9 Tues AM teaching		8-9AM Grand Rounds	9:30-10:30am Brain H
	N/A	Meet with faculty supervisor (resident to arrange at least 1 wk ahead) Syl Apps	CCAS assessment	9-10AM Psychiatry Rounds	
	N/A	Syl Apps <i>2:45-4:30 Development Teaching</i>	PM: AHD	Good shepherd intake assessment	
Week 2	<i>8-9AM DGP Grand Rounds</i>	8-9 Tues AM teaching		8-9AM Grand Rounds	9:30-10:30am Brain H
	12-1pm Chedoke Grand Rounds	SIS clinic		9-10AM Psychiatry Rounds	
	1-4 pm – Public Health Sexual Health East End clinic	<i>2:45-4:30 Development Teaching</i>	PM: AHD	YOW 4-8pm	
Week 3	<i>8-9AM DGP Grand Rounds</i>	8-9 Tues AM teaching		8-9AM Grand Rounds	9:30-10:30am Brain H
	12-1pm Chedoke Grand Rounds	Syl Apps	CCAS assessment	9-10AM Psychiatry Rounds	
	1-4 pm – Public Health Sexual Health East End clinic	Syl Apps <i>2:45-4:30 Development Teaching</i>	PM: AHD	Good shepherd intake assessment	
Week 4	<i>8-9AM DGP Grand Rounds</i>	8-9 Tues AM teaching		8-9AM Grand Rounds	9:30-10:30am Brain H
	12-1pm Chedoke Grand Rounds	SIS clinic		9-10AM Psychiatry Rounds	10:30am: Dev/Social tutorial
	1-4 pm – Public Health Sexual Health East End clinic	<i>2:45-4:30 Development Teaching</i>	PM: AHD	YOW 4-8pm	
Week 5	<i>8-9AM DGP Grand Rounds</i>	N/A	N/A	N/A	N/A
	Meet with faculty supervisor (resident to arrange on first day) 12-1pm Chedoke Grand Rounds	N/A	N/A	N/A	N/A
	1-4 pm – Public Health Sexual Health East End clinic	N/A	N/A	N/A	N/A

To be added on 'month-to-month' basis

- Resident will be informed by administrative staff (S. Murray):
 - Oral health/dentistry clinics and screening programs (1-2 half days per month to be arranged depending on schedule)
 - CAS/CCAS developmental pediatrics consultative visits with Dr. Benjamin Klein (variable timing, approx 1-2 half-days/month)
- **Resident to contact** Dr. Hunter/Dr. Canisius at start of rotation to inquire if either of the following will be scheduled during their block:
 - Shelter Health pediatric clinic with Dr. Hunter (variable)
 - Refuge: Hamilton Centre for Newcomer Health clinics with Dr. Canisius/Dr. Hunter (most often Mon/Thurs am)
- Resident to contact Chris Evans, Good Shepherd Mental Health if vacation or time off results in only one experience, to schedule a second half-day (or further experiences, if interested)
- St. Martin's Manor (site visit/tour facilities) – **RESIDENT TO ARRANGE**

Supplemental Experiences

In the event of a cancellation by the community program or supervisor, the resident is encouraged to contact the following programs/agencies to spend extra time within their program, on a self-scheduled basis (ideally be in contact 1-2 weeks ahead). For contact information, see community profiles below.

- Youth Outreach Workers
- St. Martin's Manor – ideally for group programming on Thursdays
- CCAS intake services (Wednesdays)
- Dental health services (variable)
- Good Shepherd mental health services (Tuesdays/Thursdays)
- Syl Apps (Tuesdays only)

Developmental/Social Pediatrics Combined Tutorial Discussion

Faculty coordinators: Drs. Teresa Carter, Olaf Kraus de Camargo, Peter Rosenbaum

On a Friday morning towards the end of the block rotation (typically the last Friday of the block), the resident will participate in a combined 2-3 hour tutorial session discussing a number of cases relevant to the significant overlap between developmental and social pediatrics.

Background:

Early childhood experiences influence children's health and development as a result of biological (i.e. nutrition in pregnancy), psychological (i.e. self regulation and emotional development) and cognitive processes (i.e. children's readiness to learn, language skills), which in turn may lead to low educational attainment and risk taking behaviours. The longer children live in adverse social situations the more likely they are to experience these negative impacts on health and development. The rotations of social paediatrics and developmental paediatrics do not stand alone within a curriculum, rather they are better thought of as factors that underpin the presentation of any child seen by a paediatrician.

Objective of the session:

We wanted to have the opportunity to combine learners in these two areas to provide you with an opportunity to discuss and reflect on cases you have seen in all of your rotations to date. We encourage you to think about cases that you have seen in earlier rotations where you were not primed to think about social determinants of health or development necessarily. These might be simple, straight forward or 'uninteresting cases' that we can start to explore from a social perspective. Please feel free to also bring cases that present with challenging social issues, particularly if they impact development or school functioning. We encourage you to include cases across the paediatric age range.

CCAS Community Visits

Administrative Contact: Sabrina Palumbo
(Sabrina.Palumbo@hamiltonccas.on.ca)
(905) 525-2012

Resident Contact: Sandy Alexandra Mlekuz
(Alexandra.Mlekuz@hamiltonccas.on.ca)

Clinic times: Alternating Wednesday mornings

Description:

Residents have the opportunity to shadow a CCAS worker or home visit. These will be variable based on the current cases but residents can expect to discuss CCAS workers experiences or observe an initial intake assessment and triaging of the risk of the child involved.

Dress Code:

Wear appropriate clinic clothes (no scrubs)

Experience Objectives:

1. Learn what factors impact child protective service to apprehend a child
2. Understand the reasons to contact child protective services
3. Observe the questions asked, the language intake workers use to talk with families about the concerns raised
4. Familiarize yourself with the resources and support CCAS can provide for families

Resources (to read in advance): see MacPeds website

Checklist:

- Listen to the questions the CCAS workers use to communicate concern to families
- Learn what questions they ask to assess the risk of different scenarios
- Ask what steps they can do to help keep children with their families
- Ask what happens after a child goes to foster care – what is the process of adoption? Re-uniting with family?
- Watch how the workers approach home visits. What do they prepare in advance? Who goes to a visit? What do they say to the families?
- Ask about CCAS workers previous experiences with what leads to apprehensions
- Ask about CCAS services available to families requiring additional support

Supervisor Evaluation:

Week 1:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Comments:

Name of supervisor: _____ Signature: _____

Week 2:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members	Y	N

Comments:

Name of supervisor: _____ Signature: _____

CAS Developmental Pediatrics Consultative Visits

Administrative/Resident Contact: Dr. Benjamin Klein
(benjamin.klein@medportal.ca)

Clinic times: Variable - Contact Dr. Klein (or Sandy) for confirmation of when these will occur.

Description: Residents have the opportunity to observe developmental assessments of children in CAS care or observe developmental case conferences of difficult behavioral/ developmental cases. These will be variable based on the current cases but residents can expect to discuss the impact of child abuse/ neglect on behavior and development.

Experience Objectives:

1. Develop a better understanding of the impact of environment on childhood development
2. Understand the impact of child abuse on childrens physical and emotional development
3. Learn and practice a full developmental assessment
4. Familiarize yourself with the resources and support CAS can provide for families

Resources (to read in advance): see MacPeds website

Checklist:

- Identify key barriers to children getting access to best care
- Learn what questions they ask to assess the risk of different scenarios
- Ask what steps they can do to help keep children with their families
- Learn different activities to do to get a better assessment of children's developmental status
- Ask what resources are available to children with difficult behaviours

Background:

Children exposed to maltreatment (e.g. abuse, neglect, exposure to violence), particularly during the early years are at risk of neurologic changes as a result. This is in fact brain damage - think of "toxic stress" from the environment as an insult to the developing brain much like alcohol or poor nutrition in utero. This insult *permanently* changes brain structure and function. Kids present with a wide range of problems, such as delays, ADHD-like symptoms and behaviour. The most common threads are "emotional stress regulation" and social skills deficits; which may be related to damage to prefrontal cortex and limbic systems (i.e. executive function control over "fight and flight" responses) caused by the toxic neuroendocrine milieu response to emotional stress during critical periods of development.

Week 1:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Comments:

Name of supervisor: _____ Signature: _____

Week 2:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members	Y	N

Comments:

Name of supervisor: _____ Signature: _____

City of Hamilton Community Dental Team

Administrative Contact: Kim Stowe (kim.stowe@hamilton.ca)

Resident Contact: Kim Stowe (kim.stowe@hamilton.ca)
905 546 2424 ext 3793 for Kim
or ext 2974 for Cindy (backup)

Clinic times: Friday mornings often or variable for school clinics

Description:

Residents have the opportunity to observe dental hygienists in pediatric screening clinics or school clinics and learn about dental resources for Hamilton children and families.

Dress Code:

Wear appropriate clinic clothes, no scrubs.

Experience Objectives:

1. Understand the importance of dentition on general health
2. Familiarize residents with dental services available to children
3. Identify the risk factors that can lead to poor dentition
4. Develop skills to educate families on the importance of good dentition and resources available to them

Resources (to read in advance): see Mac Peds website

Checklist:

- Ask about services available for children and families without dental coverage
- Identify need for emergency services versus prevention in children coming into clinic
- Observe the strategies the hygienists use to examine children
- Ask about public health dental education strategies
- Ask about oral health maintenance strategies and how to assess dentition and discuss dental health in the office

Journal entry:

Supervisor Evaluation:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Comments:

Name of supervisor: _____ Signature: _____

Good Shepherd Mental Health Clinic

Administrative Contact: Christine Evans (ChristineE@goodshepherdcentres.ca)
(905)308-8090

Resident Contact: Christine Evans (ChristineE@goodshepherdcentres.ca)
(905)308-8090

Clinic times: Alternating Thursday afternoons

Location: 10 Delaware Avenue, PO Box 1003
Hamilton, Ontario

Description:

At the Good Shepherd they accept referrals from any and all agencies involved with street involved youth or the youth themselves. They assess the youth alongside their support worker to give them strategies to use to help with mental health concerns, triage the severity of mental health illness and provide follow up support and social work. Child psychiatrists come by 5 times per month to provide full psychiatric consults.

Dress Code:

Wear appropriate clinic clothes (no scrubs)

Experience Objectives:

1. Learn the resources available to street youth with mental health concerns
2. Appreciate the factors that contribute to the severity of mental health illness
3. Develop skills to interview high risk youth

Resources (to read in advance): see Mac Peds website

Checklist:

- Observe how the workers interact with the youth
- Take note of the terminology they use, and the way they phrase questions
- Look at how the youth was referred to the service
- How long of a wait is it for a youth to be assessed for intake? By psychiatry?
- What are the barriers that come up in terms of youth accessing health resources

Supervisor Evaluation:

Week 1:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter? (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional?	Y	N
Did the resident seem interested and engaged throughout your encounter?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific encounters:

# of intake assessments observed:		
# of assessments done by resident:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Did the resident identify the barriers to accessing care for the youth seen	Y	N
Did the resident identify the health concerns present with the youth seen	Y	N

Comments:

Name of supervisor: _____ Signature: _____

Week 2:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter? (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional?	Y	N
Did the resident seem interested and engaged throughout your encounter?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters

# of intake assessments observed:		
# of assessments done by resident:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Did the resident identify the barriers to accessing care for the youth seen	Y	N
Did the resident identify the health concerns present with the youth seen	Y	N

Comments:

Name of supervisor: _____ Signature: _____

Kinark – Syl Apps Youth and Secure Treatment Centre (SAYC)

Administrative Contact: Lu-Ann Middleton
(Lu-Ann.Middleton@kinark.on.ca)
(905) 844-4110 x 2202

Resident Contact: Dr. Rod Evans
(Rod.Evans@kinark.on.ca)

Clinic times: Tuesdays - full day

Address: 475 Iroquois Shore Road
Oakville, ON L6H 1M3
(905) 844-4110, Fax: (905) 844-9197

Website: http://www.kinark.on.ca/services/youthjustice_sylapps.aspx

Description:

Syl Apps Youth and Secure Treatment Centre (SAYC) is the only facility for adolescents in Canada comprised of the three secure programs: Detention, Custody and Treatment. The center was accredited as a Children's Mental Health Centre in 2003. Syl Apps houses youth between the ages of 12-18 years with mental health illness and have committed a criminal offense. In one area of Syl Apps are youth who were deemed not criminally responsible because of underlying mental health illness (this tends to be as a result of schizophrenia or bipolar disorder).

Dress Code: Wear appropriate clinic wear (no scrubs, no street clothes).

Experience Objectives:

1. Understand the factors that influence youth criminality
2. Become familiar with the community resources available for youth in the justice system
3. Understand the impact of mental health illness on young offenders

Resources (to read in advance): See Mac Peds website

Checklist:

- Observe type of physical security present
- Identify health care providers involved
- Review 2-3 patient charts/ stories to get an understanding of why they are there (try not to focus only on their mental health illness, but also focus on what other factors have contributed to their health and well being)
- Ask about how often they get medical checks
- Identify barriers to the youth to accessing medical care
- Look into what community services are available to these youth at time of discharge
- What other factors have played a role in their life journey?

Supervisor Evaluation:

Week 1

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

Number of Patient Charts Reviewed		
# of discharge planning meetings observed		
# of discharge planning meetings participated in		
Below Expectations	Borderline Meets Expectation	Meets Expectations
		Y N
Below Expectations	Borderline Meets Expectation	Meets Expectations

Comments:

Name of supervisor: _____ Signature: _____

Week 2

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

Number of Patient Charts Reviewed		
# of discharge planning meetings observed		
# of discharge planning meetings participated in		
Below Expectations	Borderline Meets Expectation	Meets Expectations
		Y N
Below Expectations	Borderline Meets Expectation	Meets Expectations

Comments:

Name of supervisor: _____ Signature: _____

Public Health Sexual Health Clinic

Administrative Contact: Jennifer Cozzitorto (Jennifer.Cozzitorto@hamilton.ca),

Resident Contact: Jennifer Cozzitorto (Jennifer.Cozzitorto@hamilton.ca),

Clinic times: Typically: Monday afternoons 12:30-4pm or
Monday afternoons 3-6pm
Occasionally: Tuesday afternoons 11:30-3pm

Description:

This is a sexual health clinic for youth and young adults. Learners are involved in contraceptive counseling, pregnancy testing and work-up and treatment of sexually transmitted infections.

Expectations of Residents:

- You will be expected to effectively participate in seeing patients in a busy clinic environment (often 20-40 patients seen in a half-day!) along with family physicians/nurse practitioners.
- You will be expected to meet with Jennifer Cozzitorto (admin coordinator) ahead of your first clinic to be oriented to the specific EMR (OSCAR) modules used during this clinic.
- You will also need to ensure you are reasonably comfortable with pelvic examinations ahead of time – this should be from a pelvic examination workshop during clinical/procedure skills day during your PGY1 year. If you were not present for this workshop, please do some extra reading in preparation for these clinics.

Dress Code:

Wear appropriate clinic clothes. No scrubs.

Experience Objectives:

1. Learn sensitive ways to discuss contraception, HIV and STI testing
2. Know the treatment options for STI and PID
3. Know the different options for contraception counseling and the contraindications
4. Learn how to confirm pregnancy and the resources available for teens

Resources (to read in advance): see Mac Peds website

Checklist:

- Notice how the staff counsel around STI, HIV, contraception and the language they use
- Take note of how the NP and PH nurses build rapport with patients
- Watch the biases and stigma patients feel associated with teen pregnancy/ STI

- Observe and participate in pelvic exams
- Learn which infections are reportable
- Ask how partners are tested/ treated
- Observe the presenting concerns that bring teens into clinic
- Learn the options available to pregnant teens and the resources available to them
- Ask about the tests that can be done to confirm pregnancy

Journal entry:

Week 1:

Week 2:

Week 3:

Week 4:

Supervisor Evaluation:

Week 1:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of assessments observed:			
# of assessments done by resident, if applicable:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
# of physical exams done by resident, if applicable:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
Knowledge of STI, pregnancy, contraception management:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
Did the resident identify the barriers to accessing care for the youth seen		Y	N
Did the resident identify the health concerns present with the youth seen		Y	N

Comments:

Name of supervisor: _____ Signature: _____

Week 2:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of assessments observed:			
# of assessments done by resident, if applicable:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
# of physical exams done by resident, if applicable:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
Knowledge of STI, pregnancy, contraception management:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
Did the resident identify the barriers to accessing care for the youth seen		Y	N
Did the resident identify the health concerns present with the youth seen		Y	N

Comments:

Name of supervisor: _____ Signature: _____

Week 3:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of assessments observed:			
# of assessments done by resident, if applicable:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
# of physical exams done by resident, if applicable:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
Knowledge of STI, pregnancy, contraception management:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
Did the resident identify the barriers to accessing care for the youth seen		Y	N
Did the resident identify the health concerns present with the youth seen		Y	N

Comments:

Name of supervisor: _____ Signature: _____

Week 4:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of assessments observed:			
# of assessments done by resident, if applicable:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
# of physical exams done by resident, if applicable:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
Knowledge of STI, pregnancy, contraception management:			
Below Expectations	Borderline Meets Expectation	Meets Expectations	
Did the resident identify the barriers to accessing care for the youth seen		Y	N
Did the resident identify the health concerns present with the youth seen		Y	N

Comments:

Name of supervisor: _____ Signature: _____

REFUGE: Hamilton Centre for Newcomer Health

Administrative Contact: Vinos Haidary – (905) 526-0000

Resident Contact: Elisabeth Canisius (elisapie@yahoo.com)

Andrea Hunter (hunteeaj@mcmaster.ca)

Clinic times: Varies from month to month – contact Dr. Canisius/Hunter in the first week of your rotation to confirm if clinic is available to you. Often Mondays or Thursdays, but typically once-twice per month.

Location: 183 Hughson Street South, Hamilton, **lower level**
Corner of Hughson St S and Forest (near St. Joseph's Hospital)
Phone: 905-526-0000
Fax: 905-526-0001

NOTE: Limited parking nearby – use alternative transportation or park at St. Joseph's hospital

Description:

- 'Refuge' is comprised of a group of diverse interdisciplinary healthcare professionals (family physicians, nurse practitioners, nurses, social workers, midwives, specialists including pediatrics, internal medicine/infectious diseases, psychiatry), who provide comprehensive healthcare services to Hamilton's new immigrant and refugee population. The Centre addresses the health disparities and the needs specific to newcomer populations. Our primary focus is to reduce barriers to healthcare access as identified by those client populations.
- The emphasis is on communication through appropriate interpretation, providing culturally appropriate care and advocacy through a diverse team of interdisciplinary professionals in a community-based setting.
- The Centre provides primary healthcare services that include initial multidisciplinary health assessments of families recently arrived in Hamilton; primary care and ongoing care. The Centre's team of specialists provide follow up to clients with complex medical issues, within a community setting, thereby reducing barriers to access.
- The Centre's long-term goal is to facilitate gradual transition of clients to community primary health care services through comprehensive orientation to the healthcare system, once they have gained a better understanding and level of comfort with their new environment. .

Dress Code: Wear appropriate clinic clothes, no scrubs, no jeans.

Experience Objectives:

- Understand the infectious issues relating to travel and immigration
- Develop skills in navigation of patient encounter using various translation/interpreter supports
- Understand the health implications of diets determined by custom or socioeconomic situation
- Give close attention to the impact of such factors as age, gender, disability, ethnocultural background, social support, and emotional influences on a patient's illness
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Respect diversity and difference, including but not limited to the impact of age, gender, abilities, religion, language and cultural beliefs on decision-making and effective communication (e.g. aboriginal children, immigrant children)
- Demonstrate open-mindedness to the consideration of alternative health care practices
- Identify opportunities for advocacy, health promotion and disease prevention
- Identify vulnerable or marginalized populations within those served and respond appropriately (e.g. homeless, and children living in poverty)
- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect, cultural sensitivity and altruism

Resources (to read in advance):

- Refuge: Hamilton Centre for Newcomer Health website - <http://www.newcomerhealth.ca/>
- Caring for Kids New to Canada (CPS resource): www.kidsnewtocanada.ca
- Crockett, M. New faces from faraway places: immigrant child health in Canada. *Paediatrics & Child Health*. 10 (5): 277-281. May/June 2005.

Optional addition resources:

- Providing Care For Immigrant, Homeless, and Migrant Children. AAP policy statement. *Pediatrics* 115(4): 1095-1097. April 2005
- Jenista, J. The Immigrant, Refugee or Internationally Adopted Child. *Pediatrics in Review*. 22(12): 419-429. December 2001.

A few good examples (optional reading) of advocacy pieces:

- Sampson, L and C. Hui. Cuts to refugee health program
- put children and youth at risk. CPS position statement. June 6, 2012.
- Kronick, R et al. Mandatory detention of refugee children: A public health issue? *Paediatrics & Child Health*. 16(8): e65-e67. October 2011

Supervisor Evaluation:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of patients seen:		
# of histories done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
# of physical exams done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Knowledge of newcomer health from advance readings/experience:		
Below Expectations	Borderline Meets Expectation	Meets Expectations

Comments:

Name of supervisor: _____ Signature: _____

Six Nations Family Health Team Clinic

Administrative Contact: Lois Bomberry, RN, Executive Director
loisbomberry@sixnations.ca, 519-445-4019

Resident Contact: Lois Bomberry, RN, Executive Director
loisbomberry@sixnations.ca, 519-445-4109

Placement times: 4th Thursday morning of your block (9am – 12pm)

*** Will not be available July – October 2015 due to clinic restructuring***

Location: 1745 Chiefswood Rd, Oshweken

Description:

The Six Nation clinic is a multidisciplinary primary health care clinic that provides care for the families of the Six Nations reserve. At this clinic, you will be exposed to the complex health, social and environmental stressors that the children and youth of the Six Nations. You will spend time with either a family physician, pediatrician, or allied health care team member and see children and youth who visit the clinic.

Dress Code:

Clinic wear (no scrubs)

Experience Objectives:

1. Develop an understanding of the social stressors faced by children and youth living on reserve
2. Learn about the resources available on Six Nations
3. Learn the barriers to accessing health care

Resources (to read in advance): see Mac Peds website

Checklist:

- Look for the similarities and differences in the health care needs of the children living on the reserve
- Ask about traditional healers, their role, and what they offer to the families of their community
- Ask about the prevalence of issues such as substance use and mental health illnesses
- Ask what resources are available for developmental support
- Ask about nutritional concerns
- Ask about the equivalent of CAS and what resources they have to support young families

Special Immunology Services – Pediatric HIV clinic

Administrative Contact: Debbie (905) 521-2100 x 75075

Resident Contact: Sandi Seigel (seigels@mcmaster.ca)

Clinic times: Tuesday AM +/- PM every other week

Location: McMaster Children's Hospital – 1S1 clinic area

Description:

This clinic follows children and youth who have been exposed or infected with HIV/AIDS, or born to mothers with HIV infection. The clinic is responsible for managing medications, monitoring viral load and CD4 count, and following up with serology to confirm diagnosis.

Dress Code:

Professional dress. No scrubs. No jeans.

Experience Objectives:

1. Learn about the management of infants born to a mother with HIV
2. Learn the factors associated with stigma
3. Understand what labs/ serology is required to diagnose HIV in children

Resources (to read in advance): see Mac Peds website

Checklist:

- Take note of your own thoughts/ biases prior to meeting patients and families
- Watch for signs of FTT, infection, wellness, development
- Take note of any stigma parents or children comment on
- Ask questions about when to do serology, treat
- Ask about any specific requirements for immunizations or antibiotic prophylaxis
- Ask if there are any limitations in terms of the activities the children can do
- Learn what, if any, precautions patients need to take to be sexually active
- Learn about/discuss disclose issues in children/teens/families
- Practice your history and physical exam, keeping in mind cultural sensitivity
- Learn about community resources/research around social issues in HIV, specifically available to these families

Evaluation by supervisor:

Week 1:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of patients seen:		
# of histories done by resident:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
# of physical exams done by resident:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Knowledge of HIV diagnosis and management		
Below Expectations	Borderline Meets Expectation	Meets Expectations

Comments:

Name of supervisor: _____ Signature: _____

Week 2:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of patients seen:		
# of histories done by resident:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
# of physical exams done by resident:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Knowledge of HIV diagnosis and management		
Below Expectations	Borderline Meets Expectation	Meets Expectations

Comments:

Name of supervisor: _____ Signature: _____

Administrative Contact: Paula Forbes (pforbes@cfshw.com)
(905)527-3823 x 225

Kathy Holmes (Team Leader)

Resident Contact: Paula Forbes (pforbes@cfshw.com)
(905)527-3823 x 225

Clinic times: Variable, open at all times, resident should visit for one half-day at minimum during their rotation. Ideally, this would occur on a Thursday, in conjunction with group programming for residents.

Description:

This is a home for pregnant and parenting young moms. A high school is present on site so teens can work on obtaining their high school diploma. They also offer sessions on parenting, early childhood development, feeding etc. They offer a daycare centre and round the clock staff to provide parenting support to teens. Public Health is very involved in this initiative, and they provide ongoing parenting support in the community through Health Babies, Healthy Children.

Dress Code:

Wear appropriate clinic clothing. No scrubs.

Experience Objectives:

1. Learn the barriers pregnant/ teen mom's face in terms of accessing health care resources
2. What are the barriers to young mom's finishing high school
3. What resources are out there for young mothers
4. What are infants of young mom's at increased risk of

Resources (to read in advance): See Mac Peds website

Checklist:

- Ask about who is able to live at St. Martin's Manor? For how long?
- What supports are in place for mom's who have not finished high school?
- What are the barriers to pre-natal care? Postnatal care?
- What support is in place in terms of future prevention of pregnancy?
- What role does stigma play for young mothers?
- Is there financial support for prenatal vitamins for moms?
- Can they get financial support from the government to help with life and health costs?

Shelter Health Network Clinic

Administrative Contact: Jessica Davies – jessicaD2@goodshepherdcentres.ca
905-526-7137

Resident Contact:

- Dr. Andrea Hunter (hunteaj@mcmaster.ca)
- Dr. Archana Gupta (archna.gupta@medportal.ca) – education coordinator for Shelter Health Network

Location: 143 Wentworth Street South, Hamilton (Good Shepherd Family Centre), parking in rear, enter through main door on side of building and indicate you are here for ‘medical clinic’ – one room clinic off main lobby area

Clinic times: Variable – with Dr. Hunter for peds clinic, when available

Description: The Shelter Health Network (SHN) is a collaboration of health professionals and social service organizations established in 2005 to reach a high risk population of people who do not have stable housing and have complex health problems.

The SHN offers three **cross-cutting services** including 1) primary care services, 2) system co-ordination, protocol development, shared outcomes and communication, 3) education, training and research. Nurses, family physicians, psychiatrists, case managers and social workers work in collaboration to provide health and social services to clients.

Pediatric clinics are run, as necessary, in a consultative fashion – located at Good Shepherd Family Centre, but drawing from clients/families from surrounding other ‘shelters’ including Barrett Centre/Angela’s Place/Martha House (women/families encountering domestic violence) and Notre Dame House/Brennan House (teens).

Dress Code: Clinic dress (no scrubs)

Objectives: see checklist below

Resources (to read in advance):

- Shelter Health website: <http://www.shelterhealthnetwork.ca/>
- Morinis J, Levin L, Bloch G, Ford-Jones L and the Social Pediatrics Working Group. Child Poverty: Practical Tool for Primary Care. <http://www.healthprovidersagainstpoverty.ca/node/300> or direct link http://www.healthprovidersagainstpoverty.ca/system/files/Child%20Poverty%20-%20Clinical%20Tool%20-%20Aug%202012_0.pdf
- The Ontario Physicians Poverty Work Group (Bloch G, Etches V, Gardner C, Pellizzari R, Rachlis M, Scott F, Tamari I): Poverty: Clinical tool for primary

care in Ontario – Feb 2013.

<http://www.healthprovidersagainstpoverty.ca/node/301>

Checklist

- What factors/life circumstances led families/teens to use emergency or longer term shelters? What effect does this have on other parts of their lives (school/family/employment/health)?
- What support services are available to families/teens within shelter network (go chat with front desk support workers!), and how these might be accessed by other community members including physicians, as needed.
- Explore, with cultural sensitivity, the past social history of families staying within shelter network including housing situation, food security, exposure to violence, school/employment security/transitions
- What are the potential challenges/barriers to optimal care provision of these families in other medical/social service encounters (including those throughout the remainder of your residency/career – subspecialty clinics, inpatient admissions, primary care provision)?

Journal entry:

Supervisor Evaluation:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of patients seen:		
# of histories done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
# of physical exams done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Knowledge of newcomer health from advance readings/experience:		
Below Expectations	Borderline Meets Expectation	Meets Expectations

Comments:

Name of supervisor: _____ Signature: _____

Youth Outreach Worker (YOW) Program

Administrative Contact: Marlene Spearin (lead for YOW)
Yowh.lead@wesley.ca

Resident Contact: Marlene Spearin (lead for YOW)
Yowh.lead@wesley.ca

Placement times: Two Thursday afternoons (typically) – 4-8pm

Description:

The Youth Outreach Team walks around various regions of Hamilton engaging youth in the community. The team consists of 5 individuals representing community agencies: Living Rock, Wesley Urban Ministries, the Good Shepherd, and the Hamilton Regional Indian Centre. They help youth with obtaining health cards, SIN numbers, joining recreational facilities at reduced rates, job-finding programs, finding shelter and food, linking to health services and more. Residents will rotate between the 4 areas serviced (Center Hamilton, North Hamilton, East Hamilton and Riverdale).

Dress Code:

Please wear a red shirt to identify yourself with the workers who are also in red. Time is spent outdoors so dress for the weather (casual clothes, comfortable shoes, sunscreen). Bring water, snacks and a bag to put any community resources you acquire. You may be taken on a “tour of the universe” to be exposed to all the different agencies and resources available in Hamilton.

Experience Objectives:

1. Develop an understanding of how many youth are street involved and the factors that contributed
2. Learn about the resources available in Hamilton
3. Learn how to engage and build trust with marginalized youth

Resources (to read in advance): see Mac Peds website

Checklist:

- Watch how the YOW engage street involved youth
- Ask about how many contacts it has taken them to build relationships they have with the youth that you meet (sometimes it takes them weeks to build rapport)
- Take note of the language they use, their mannerisms
- Ask questions about the Hamilton statistics for street youth, factors that led to them living on the streets and barriers to them getting medical care
- Ask about what shelters and soup kitchens are available
- If slow, ask to go on a “Tour of the Universe”
- Ask for pamphlets, cards, resources to different community agencies

